

Electronic Filing Instructions for your 2019 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Nicole I Mattiace
186 Locust Street, Apt. PVT
Floral Park, NY 11001

Balance Due/ Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$1,855.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2020. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return
2019 Federal Tax Return Summary	Adjusted Gross Income \$ 60,967.00 Taxable Income \$ 48,767.00 Total Tax \$ 6,589.00 Total Payments/Credits \$ 8,444.00 Amount to be Refunded \$ 1,855.00 Effective Tax Rate 10.81%

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2019** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ►

Your first name and middle initial Nicole I	Last name Mattiace	Your social security number 065-78-1145
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 186 Locust Street		Apt. no. PVT
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Floral Park NY 11001		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ► <input type="checkbox"/>		

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	60,967.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
c	Pensions and annuities	4c	
5a	Social security benefits	5a	
b	Taxable interest. Attach Sch. B if required	b	
b	Ordinary dividends. Attach Sch. B if required	b	
b	Taxable amount	b	
d	Taxable amount	d	
b	Taxable amount	b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	0.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	60,967.
8a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income	8b	60,967.
9	Standard deduction or itemized deductions (from Schedule A)	9	12,200.
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	12,200.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	48,767.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2019)

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under *Standard Deduction*, see instructions.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	6,589.																		
b	Add Schedule 2, line 3, and line 12a and enter the total		►	12b	6,589.																
13a	Child tax credit or credit for other dependents	13a		13b																	
b	Add Schedule 3, line 7, and line 13a and enter the total		►	14	6,589.																
14	Subtract line 13b from line 12b. If zero or less, enter -0-			15	0.																
15	Other taxes, including self-employment tax, from Schedule 2, line 10			16	6,589.																
16	Add lines 14 and 15. This is your total tax		►	17	8,444.																
17	Federal income tax withheld from Forms W-2 and 1099																				
18	Other payments and refundable credits:	No																			
a	Earned income credit (EIC)	18a																			
b	Additional child tax credit. Attach Schedule 8812	18b																			
c	American opportunity credit from Form 8863, line 8	18c																			
d	Schedule 3, line 14	18d																			
e	Add lines 18a through 18d. These are your total other payments and refundable credits		►	18e																	
19	Add lines 17 and 18e. These are your total payments		►	19	8,444.																
Refund	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid			20	1,855.																
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here		► <input type="checkbox"/>	21a	1,855.																
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings										
X	X	X	X	X	X	X	X	X													
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						
22	Amount of line 20 you want applied to your 2020 estimated tax	22																			
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions		►	23																	
	24 Estimated tax penalty (see instructions)	24																			
Third Party Designee (Other than paid preparer)	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.			<input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No																	
	Designee's name ►	Phone no. ►	Personal identification number (PIN) ►	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.																				
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation Mental health aide	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																
	Phone no.	Email address																			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed																
	Firm's name ► Self-Prepared		Phone no.																		
	Firm's address ►		Firm's EIN ►																		

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA

REV 03/29/20 TTW

Form **1040** (2019)

Tax History Report

► Keep for your records

2019

Name(s) Shown on Return

Nicole I Mattiace

	Five Year Tax History:				
	2015	2016	2017	2018	2019
Filing status	Single	Single	Single	Single	Single
Total income	47,308.	54,307.	49,969.	47,333.	60,967.
Adjustments to income		1,617.			
Adjusted gross income	47,308.	52,690.	49,969.	47,333.	60,967.
Tax expense	2,425.	2,838.	2,534.	2,323.	3,175.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'n's					
Total itemized/ standard deduction . .	6,300.	6,300.	6,350.	12,000.	12,200.
Exemption amount . .	4,000.	4,050.	4,050.	0.	0.
QBI deduction					
Taxable income	37,008.	42,340.	39,569.	35,333.	48,767.
Tax	5,093.	6,353.	5,633.	4,049.	6,589.
Alternative min tax . .					
Total credits					
Other taxes					
Payments	7,465.	8,817.	7,689.	5,731.	8,444.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund	2,372.	2,464.	2,056.	1,682.	1,855.
Effective tax rate % . .	10.77	12.06	11.27	8.55	10.81
**Tax bracket %	15.0	25.0	25.0	12.0	22.0

**Tax bracket % is based on Taxable income.

Tax Payments Worksheet

2019

► Keep for your records

Name(s) Shown on Return <u>Nicole I Mattiace</u>	Social Security Number <u>065-78-1145</u>
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Estimated Tax Payments for 2019 (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 04/15/19		04/15/19			04/15/19		
2 06/17/19		06/17/19			06/17/19		
3 09/16/19		09/16/19			09/16/19		
4 01/15/20		01/15/20			01/15/20		
5							
6							
7							
8 Tot Estimated Payments							

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2019					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2019 extensions					

Taxes Withheld From:	Federal		State		Local	
10 Forms W-2	8 , 444 .		3 , 175 .			
11 Forms W-2G						
12 Forms 1099-R						
13 Forms 1099-MISC, 1099-K and 1099-G						
14 Schedules K-1						
15 Forms 1099-INT, DIV and OID						
16 Social Security and Railroad Benefits						
17 Form 1099-B	St Loc					
18 a Other withholding	St Loc					
b Other withholding	St Loc					
c Other withholding	St Loc					
d Positive Adjustment	St Loc					
e Negative Adjustment	St Loc					
f Additional Medicare Tax						
19 Total Withholding Lines 10 through 18f	8 , 444 .		3 , 175 .			
20 Total Tax Payments for 2019	8 , 444 .		3 , 175 .			

Prior Year Taxes Paid In 2019 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2018 extensions				
22 2018 estimated tax paid after 12/31/2018				
23 Balance due paid with 2018 return				
24 Other (amended returns, installment payments, etc)				

Federal Carryover Worksheet

2019

► Keep for your records

Name(s) Shown on Return Nicole I Mattiace	Social Security Number 065-78-1145
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2018 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY			2,323.		39.	
Totals . .			2,323.		39.	

2018 State Extension Information

(a) State	(b) Paid With Extension

2018 Locality Extension Information

(a) Locality	(b) Paid With Extension

2018 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2018 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2018 State Taxes Due Information

(a) State	(e) Paid With Return

2018 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2018 State Refund Applied Information

(a) State	(g) Applied Amount

2018 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2018 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
NY	2,323.	39.

2018 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Nicole I Mattiace065-78-1145

Other Tax and Income Information		2018	2019
1 Filing status	1	1 Single	1 Single
2 Number of exemptions for blind or over 65 (0 - 4)	2		
3 Itemized deductions	3	2,323.	3,175.
4 Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Adjusted gross income	5	47,333.	60,967.
6 Tax liability for Form 2210 or Form 2210-F	6	4,049.	6,589.
7 Alternative minimum tax	7		
8 Federal overpayment applied to next year estimated tax	8		

[QuickZoom to the IRA Information Worksheet for IRA information](#) ►

Excess Contributions		2018	2019
9 a Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b Spouse's excess Archer MSA contributions as of 12/31	b		
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a Taxpayer's excess HSA contributions as of 12/31	11 a		
b Spouse's excess HSA contributions as of 12/31	b		
Loss and Expense Carryovers		2018	2019
Note: Enter all entries as a positive amount			
12 a Short-term capital loss.	12 a		
b AMT Short-term capital loss	b		
13 a Long-term capital loss	13 a		
b AMT Long-term capital loss	b		
14 a Net operating loss available to carry forward	14 a		
b AMT Net operating loss available to carry forward	b		
15 a Investment interest expense disallowed	15 a		
b AMT Investment interest expense disallowed	b		
16 Nonrecaptured net Section 1231 losses from:	a b c d e f	2019 . . . 2018 . . . 2017 . . . 2016 . . . 2015 . . . 2014 . . .	16 a b c d e f
17 AMT Nonrecap'd net Sec 1231 losses from:	a b c d e f	2019 . . . 2018 . . . 2017 . . . 2016 . . . 2015 . . . 2014 . . .	17 a b c d e f

Federal Carryover Worksheet page 3

2019

Nicole I Mattiace

065-78-1145

Credit Carryovers					2018	2019
18 General business credit		18				
19 Adoption credit from:	a 2019	19a				
	b 2018	b				
	c 2017	c				
	d 2016	d				
	e 2015	e				
	f 2014	f				
20 Mortgage interest credit from:	a 2019	20a				
	b 2018	b				
	c 2017	c				
	d 2016	d				
21 Credit for prior year minimum tax		21				
22 District of Columbia first-time homebuyer credit		22				
23 Residential energy efficient property credit		23				
Other Carryovers					2018	2019
24 Section 179 expense deduction disallowed		24				
25 Excess foreign housing deduction:	a Taxpayer (Form 2555, line 46)	25a				
	b Taxpayer (Form 2555, line 48)	b				
	c Spouse (Form 2555, line 46)	c				
	d Spouse (Form 2555, line 48)	d				
Charitable Contribution Carryovers						
26 2018 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	Qualified
	(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	(f) 100%
	a 2018	0.				0.
	b 2017					
	c 2016					
	d 2015					
e 2014						
27 2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash	
	(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%	
	a 2019					
	b 2018					
	c 2017					
	d 2016					
e 2015						
28 Amount overpaid less earned income credit.					1,682.	
Qualified Business Income Deduction (Section 199A) carryovers					2018	2019
29 Qualified business loss carryforward		29				
30 Qualified PTP loss carryforward		30				
2018 State Capital Loss Carryovers (For users not transferring from the prior year)						
State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Electronic Filing Instructions for your 2019 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



NICOLE I MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

Balance Due/Refund	Your New York state tax return (Form IT-201) shows a refund due to you in the amount of \$36.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.
Where's My Refund?	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them three to four weeks processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at https://www.tax.ny.gov/ .
No Signature Document Needed	No signature form is required since you signed your return electronically.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns
2019 New York Tax Return Summary	Taxable Income \$ 55,152.00 Total Tax \$ 3,139.00 Total Payments/Credits \$ 3,175.00 Amount to be Refunded \$ 36.00



Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2019, through December 31, 2019, or fiscal year beginning ...

19

and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)	Your Social Security number
NICOLE	I	MATTIACE		05141990	065781145
Spouse's first name	MI	Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions, page 14) (number and street or PO box)				Apartment number	New York State county of residence
186 LOCUST STREET				PVT	NASSAU
City, village, or post office		State	ZIP code	Country (if not United States)	
FLORAL PARK		NY	11001	FLORAL PARK-BELLEROSE	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)				Apartment number	School district name
					FLORAL PARK-BELLEROSE
					School district code number 195
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
		NY		Decedent information	

A Filing status

- (mark an X in one box):
- ① Single
 - ② Married filing joint return
(enter spouse's Social Security number above)
 - ③ Married filing separate return
(enter spouse's Social Security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2019 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No



H Dependent information (see page 16)

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your Social Security number
065781145

Federal income and adjustments (see page 16)

- 1 Wages, salaries, tips, etc.
- 2 Taxable interest income
- 3 Ordinary dividends
- 4 Taxable refunds, credits, or offsets of state and local income taxes (*also enter on line 25*)
- 5 Alimony received
- 6 Business income or loss (*submit a copy of federal Schedule C, Form 1040*)
- 7 Capital gain or loss (*if required, submit a copy of federal Schedule D, Form 1040*)
- 8 Other gains or losses (*submit a copy of federal Form 4797*)
- 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an **X** in the box ...
- 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an **X** in the box
- 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (*submit copy of federal Schedule E, Form 1040*)

- 12 Rental real estate included in line 11 **12** .00
- 13 Farm income or loss (*submit a copy of federal Schedule F, Form 1040*)
- 14 Unemployment compensation
- 15 Taxable amount of Social Security benefits (*also enter on line 27*)
- 16 Other income (see page 16) *Identify:*

- 17 Add lines 1 through 11 and 13 through 16
- 18 Total federal adjustments to income (see page 16) *Identify:*

- 19 **Federal adjusted gross income** (*subtract line 18 from line 17*)

Whole dollars only

1	60967.00
2	.00
3	.00
4	.00
5	.00
6	.00
7	.00
8	.00
9	.00
10	.00
11	.00
12	.00
13	.00
14	.00
15	.00
16	.00
17	60967.00
18	.00
19	60967.00

New York additions (see page 17)

- 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments)
- 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)
- 22 **New York's** 529 college savings program distributions (see page 17)
- 23 Other (Form IT-225, line 9)
- 24 Add lines 19 through 23

20	.00
21	2185.00
22	.00
23	.00
24	63152.00

New York subtractions (see page 18)

- 25 Taxable refunds, credits, or offsets of state and local income taxes (*from line 4*)
- 26 Pensions of NYS and local governments and the federal government (see page 18)
- 27 Taxable amount of Social Security benefits (*from line 15*)
- 28 Interest income on U.S. government bonds
- 29 Pension and annuity income exclusion (see page 19)
- 30 **New York's** 529 college savings program deduction/earnings
- 31 Other (Form IT-225, line 18).....
- 32 Add lines 25 through 31
- 33 **New York adjusted gross income** (*subtract line 32 from line 24*)

25	.00
26	.00
27	.00
28	.00
29	.00
30	.00
31	.00



32	.00
33	63152.00

Standard deduction or itemized deduction (see page 21)

- 34 Enter your **standard deduction** (*table on page 21*) or your **itemized deduction** (*from Form IT-196*)
Mark an **X** in the appropriate box: Standard - or - Itemized
- 35 Subtract line 34 from line 33 (*if line 34 is more than line 33, leave blank*)
- 36 Dependent exemptions (*enter the number of dependents listed in item H; see page 21*)
- 37 **Taxable income** (*subtract line 36 from line 35*)

34	8000.00
35	55152.00
36	000.00
37	55152.00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1	Your Social Security number
NICOLE I MATTIACE	065781145

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	55152 .00
39 NYS tax on line 38 amount (see page 22)	39	3139 .00
40 NYS household credit (page 22, table 1, 2, or 3)	40	.00
41 Resident credit (see page 23)	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43 Add lines 40, 41, and 42	43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	3139 .00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46 Total New York State taxes (add lines 44 and 45)	46	3139 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47 NYC taxable income (see instructions)	47	.00
47a NYC resident tax on line 47 amount (see page 23).....	47a	.00
48 NYC household credit (page 23)	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a MCTMT net earnings base....	54a	.00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge (see page 26)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58	.00
59 Sales or use tax (see page 27; do not leave line 59 blank)	59	0 .00
60 Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	3139 .00

See instructions on
pages 23 through 26 to
compute New York City and
Yonkers taxes, credits, and
surcharges, and MCTMT.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



62 Enter amount from line 61

62

3139 .00

Payments and refundable credits (see pages 28 through 31)

63 Empire State child credit	63	.00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a NYC school tax credit (rate reduction amount)	69a	.00
70 NYC earned income credit	70	.00
70a NYC enhanced real property tax credit	70a	.00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total New York State tax withheld	72	3175 .00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).

Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75)

76 3175 .00

Your refund, amount you owe, and account information (see pages 32 through 34)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 32)	77	36 .00
78 Amount of line 77 available for refund (subtract line 79 from line 77)	78	36 .00
78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	36 .00

Mark one refund choice: direct deposit to checking or
 savings account (fill in line 83) - or - paper check

79 Amount of line 77 that you want applied to your 2020 estimated tax (see instructions)	79	.00
80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	80	.00

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 33 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33)	81	.00
82 Other penalties and interest (see page 33)	82	.00

See page 36 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 34). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 34) <input type="checkbox"/>	83a Account type: <input type="checkbox"/> Personal checking - or - <input type="checkbox"/> Personal savings - or - <input type="checkbox"/> Business checking - or - <input type="checkbox"/> Business savings
83b Routing number	83c Account number

84 Electronic funds withdrawal (see page 34) Date _____ Amount _____

Third-party designee? (see instr.)	Print designee's name	Designee's phone number	Personal identification number (PIN)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Email:	()	

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed) SELF-PREPARED		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
Email:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation MENTAL HEALTH AIDE	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (516) 488 7153
Email: GMATTIAW@GMAIL.COM	

See instructions for where to mail your return.

201004191555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

**Summary of W-2 Statements****IT-2**

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1**Box a** Employee's Social Security number for this W-2 Record

065781145
Box b Employer identification number (EIN)
146013200

Box 1 Wages, tips, other compensation

60967.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box c Employer's information**Employer's name**

STATE OF NEW YORK

Employer's address (number and street)

110 STATE STREET

City	State	ZIP code	Country (if not United States)
ALBANY	NY	12207	

Box 12a Amount

9295.00

Code

D D

Box 14a Amount

2185.00

Description

414HSUB

Box 12b Amount

3319.00

Code

E E

Box 14b Amount

.00

Description

Box 12c Amount

.00

Code

--

Box 14c Amount

.00

Description

Box 12d Amount

.00

Code

--

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay Corrected (W-2c) **NY State information:** **Box 15a** NY State **N|Y****Box 16a** NYS wages, tips, etc.

60967.00

Other state information: **Box 15b** other state **Box 16b** Other state wages, tips, etc.

.00

NYC and Yonkers information (see instr.):

Locality a	.00
Locality b	.00

Box 18 Local wages, tips, etc.**Box 19** Local income tax withheld**Box 20** Locality name**Do not detach.**
W-2 Record 2**Box a** Employee's Social Security number for this W-2 Record**Box b** Employer identification number (EIN)**Box 1** Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box c Employer's information**Employer's name****Employer's address (number and street)**

City

State

ZIP code

Country (if not United States)

Box 12a Amount

.00

Code

--

Box 14a Amount

.00

Description

Box 12b Amount

.00

Code

--

Box 14b Amount

.00

Description

Box 12c Amount

.00

Code

--

Box 14c Amount

.00

Description

Box 12d Amount

.00

Code

--

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay Corrected (W-2c) **NY State information:** **Box 15a** NY State **N|Y****Box 16a** NYS wages, tips, etc.

.00

Other state information: **Box 15b** other state **Box 16b** Other state wages, tips, etc.

.00

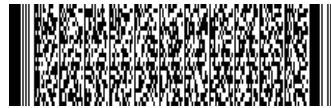
NYC and Yonkers information (see instr.):

Locality a	.00
Locality b	.00

Box 18 Local wages, tips, etc.**Box 19** Local income tax withheld**Box 20** Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM

102001191555



Two-Year Comparison

2019

Name as Shown on Return NICOLE I MATTIACE	Social Security No. 065-78-1145		
	2018	2019	Difference
			%
Federal Adjusted Gross Income	47,333.	60,967.	13,634.
New York Additions			28.80
State and local interest income			
Public employee 414(h) retirement contributions	1,710.	2,185.	475.
New York's 529 college savings program distributions			27.78
Other New York additions			
Total New York Additions	1,710.	2,185.	475.
New York Subtractions			27.78
State tax refund			
Government pension exclusion			
Taxable social security benefits			
U.S. government interest income			
Pension and annuity income exclusion			
New York's 529 college savings program deductions/earnings			
Other New York subtractions			
Total New York Subtractions			
New York Adjusted Gross Income	49,043.	63,152.	14,109.
Standard or Itemized Deduction	8,000.	8,000.	0.
Dependent exemptions			0.00
New York Taxable Income	41,043.	55,152.	14,109.
New York State tax	2,284.	3,139.	855.
New York State nonrefundable credits			37.43
Other New York State taxes			
Total New York State taxes	2,284.	3,139.	855.
New York City taxes			37.43
Yonkers City taxes			
Use tax	0.	0.	0.
Voluntary gifts/contributions			
Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions	2,284.	3,139.	855.
Withholding	2,323.	3,175.	852.
Estimated tax payments, extension payment, and amount applied from prior year return			36.68
Refundable credits			
Total payments and refundable credits	2,323.	3,175.	852.
Underpayment penalty			36.68
Applied to next year's estimated tax			
Refund	39.	36.	-3.
Balance Due			-7.69